

# Medicare & You



## 聯邦醫療 預防服務

## Medicare Preventive Services

助您保持身體健康  
To Help Keep You Healthy



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聯邦醫療保險及  
醫療補助服務機構

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# **MEDICARE PREVENTIVE SERVICES**

## **To Help Keep You Healthy**

There are steps you can take to lower your risk of disease and illness. Medicare provides coverage for these preventive services to help you stay healthy.

### **Medicare will cover:**

- Breast cancer screening **mammograms**, and cervical and vaginal screening tests.
- Four types of colorectal cancer screening tests.
- **Bone mass measurement** tests.
- Diabetes blood sugar monitoring supplies and diabetes self-management training.
- Glaucoma screening tests.
- Flu, pneumonia, and Hepatitis B shots.
- Prostate cancer screening tests.

These valuable Medicare benefits are important ways to maintain good health and to lower your risk of disease and illness. Talk to your doctor about your risk of developing these health problems and your need for these preventive services.

This booklet includes types of preventive services that are covered by Medicare, who is covered, what you pay, and additional information on some of the preventive benefits.

# **MEDICARE 預防服務**

## **助您保持身體健康**

您可以採取適當預防措施，減低患病的可能性。Medicare為您提供預防性醫療服務，助您保持身體健康。

### **Medicare承保：**

- 乳癌X光檢查、子宮頸和陰道檢查。
- 四種直、結腸癌檢查。
- 骨質密度檢測。
- 糖尿病血糖監測用品和自我管理訓練。
- 青光眼檢查。
- 流行性感冒、肺炎和乙型肝炎患者疫苗預防注射。
- 攝護腺（前列腺）癌檢查。

這些寶貴的Medicare福利，也是保護您身體健康及減低患病的可能性的重要預防方法。請向醫生查詢您患這些病的可能性，以及您必須採取的預防措施。

本手冊包括Medicare提供的各項預防性醫療服務、受益人需具備的資格、個人支付的費用，以及預防性醫療的相關資訊。

# Medicare Preventive Services

## Breast Cancer Screening Mammogram

### Who is at risk?

Breast cancer risk increases with age. However, several factors that could place you at higher risk include:

- If you had breast cancer before.
- If you have a family history of breast cancer (that is, a mother, sister, daughter, or two or more close relatives who had breast cancer).
- If you had your first baby after the age of 30, or if you have never had a baby.

### Who is covered?

All women with Medicare age 40 and older are covered. You can also get one baseline mammogram between ages 35 and 39.

### What does Medicare cover?

Medicare will pay for a mammogram once every 12 months. Medicare also covers new digital technologies for mammogram screenings.

### What do you pay?

You pay 20% of the Medicare-approved amount with no Medicare Part B deductible.

# Medicare 預防服務

## 乳癌X光檢查

### 誰屬於危險群者？

罹患乳癌的危險性隨著年齡的漸長而增高。不管如何，您也會因以下因素而被列入高危險群：

- 若您曾罹患乳癌。
- 若您的家族有患乳癌的歷史（這是指您的母親、姊妹、女兒，或兩位以上近親曾患乳癌）。
- 若您在年滿三十歲之後首次生育或從未生育。

### 誰可接受承保？

所有年滿四十歲及以上的女性Medicare受益人可接受承保。若您年齡在三十五至三十九之間，亦可接受一次基本乳癌X光檢查。

### Medicare承保哪些費用？

Medicare每十二個月支付一次乳癌X光檢查。Medicare並承保使用最新的電腦科技乳癌X光檢查。

### 您支付的費用？

您需支付Medicare核准金額的百分之二十，但不需先付每年度的Medicare Part B減除額。

## Colorectal Cancer Screening

### Who is at risk?

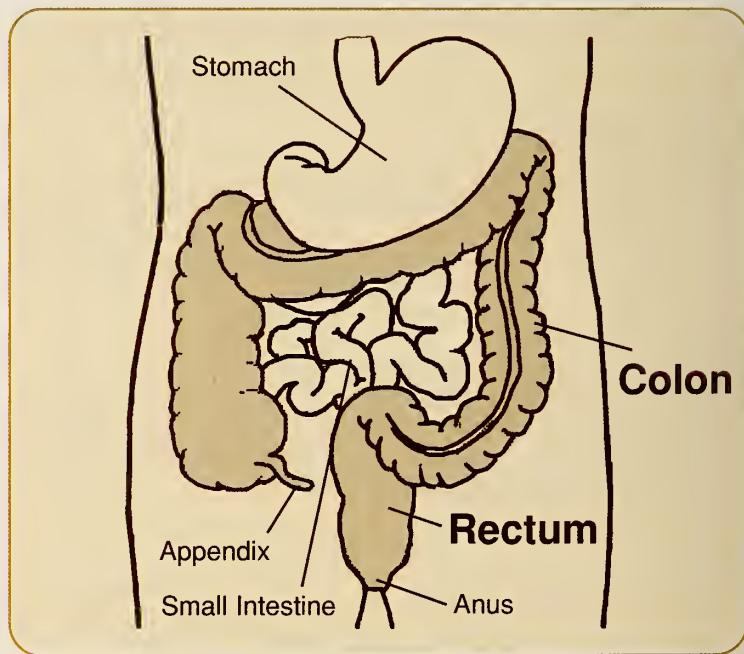
Colorectal cancer risk increases with age. Your risk is greater if you or your family has a history of colorectal cancer, inflammatory bowel disease, or polyps.

### Who is covered?

All people with Medicare age 50 and older are covered. There is no age limit for a colonoscopy.

### What does Medicare cover?

- Fecal occult blood test once every 12 months.
- Flexible sigmoidoscopy once every 48 months.
- Colonoscopy once every 24 months if you are at high risk for colorectal cancer and once every 10 years but not within 48 months of a screening sigmoidoscopy if you are not at high risk for colorectal cancer.
- Barium enema, if your doctor decides to use this instead of a sigmoidoscopy or colonoscopy.



### What do you pay?

You pay nothing for the fecal occult blood test. For all other tests, you pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible. For flexible sigmoidoscopy or colonoscopy, you pay 25% of the Medicare-approved amount if the test is done in a hospital outpatient department.

## 直、結腸癌檢查

### 誰屬於危險群者？

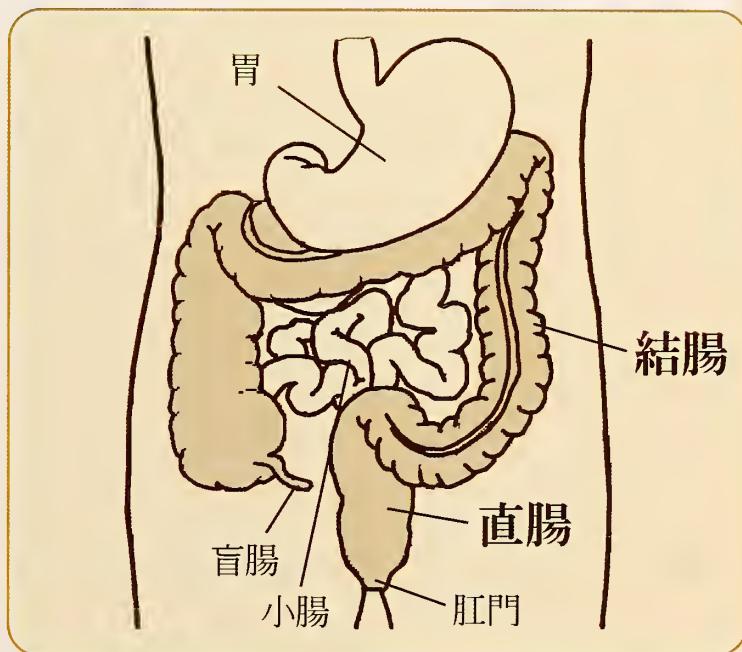
罹患直、結腸癌的危險性隨著年齡漸長而增高。若您或您的家人有直、結腸癌、腸部發炎或黏膜病變，您罹患直、結腸癌的危險性較高。

### 誰可接受承保？

所有年滿五十歲及以上的Medicare受益人可接受承保。直、結腸鏡檢查無年齡限制。

### Medicare承保哪些費用？

- 每十二個月一次糞便血液檢查。
- 每四十八個月一次彈性乙狀結腸鏡檢查。
- 若您屬於患直、結腸癌的高危險群，您可接受每二十四個月一次直、結腸鏡檢查。若您不屬於高危險群，可接受每十年一次直、結腸鏡檢查，但不能在彈性乙狀結腸鏡檢查後的四十八個月內進行。
- 鎮灌腸檢查經由醫生指示取代乙狀結腸鏡或結腸鏡檢查。



### 您支付的費用？

您不需要支付糞便血液檢查的費用。其他檢查則在支付年度Medicare Part B減除額後，您需支付Medicare核准金額的百分之二十。若彈性乙狀結腸鏡檢查或結腸鏡檢查是在醫院門診進行，則支付Medicare核准金額的百分之二十五。

## Pap Test and Pelvic Examination

### Who is at risk?

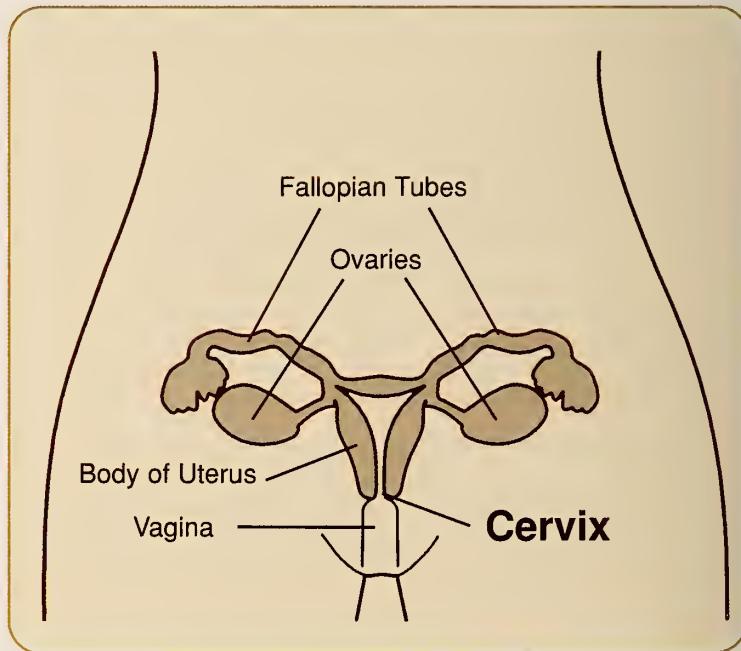
Risk for cervical cancer is increased if you have had an abnormal **Pap test**, if you have had cancer before, or if you have been infected with the **human papilloma viruses (HPVs)**. If you began having sexual intercourse before the age of 16, or if you have had many sexual partners, you also have a greater risk for cervical cancer. Risk for vaginal cancer is increased for daughters of women who took diethylstilbestrol (DES) during pregnancy.

### Who is covered?

All women with Medicare are covered.

### What does Medicare cover?

Medicare pays for a **Pap test** and **pelvic exam**, including a clinical breast exam, once every 24 months. If you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap test in the preceding 36 months, Medicare will cover a Pap test and pelvic exam every 12 months.



### What do you pay?

You pay nothing for the Pap lab test. You pay 20% of the Medicare-approved amount with no Medicare Part B deductible for the Pap test collection and pelvic exams. If you are in a Medicare health plan, check with the plan about whether or not there is a copayment.

## 子宮頸塗片檢查和盆骨檢驗

### 誰屬於危險群者？

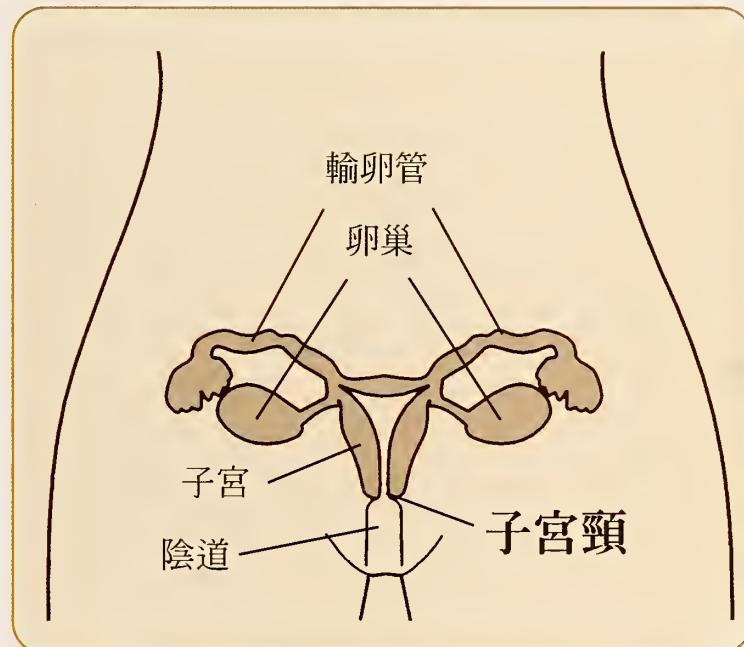
若您曾有不正常的子宮頸塗片檢查、或曾罹患癌症或曾患人類乳頭瘤病毒(human papilloma viruses- HPVs)感染，您罹患子宮頸癌的危險性較高。此外，若您在未滿十六歲時開始有性生活或曾有多名性伴侶，您罹患子宮頸癌的危險性也較高。若母親在懷孕期間曾服用diethylstilbestrol (DES)，則其女兒罹患陰道癌的危險性較高。

### 誰可接受承保？

所有女性Medicare受益人可接受承保。

### Medicare承保哪些費用？

Medicare承保每二十四個月一次子宮頸塗片及盆骨檢驗，並包括臨床乳癌檢查。若您屬於患子宮頸癌或陰道癌的高危險群，或您處於適孕年齡而在前三十六個月之內有不正常的子宮頸塗片檢查，Medicare將會每十二個月支付一次子宮頸塗片和盆骨檢驗。



### 您支付的費用？

您不需要支付子宮頸塗片檢查的化驗費。您需支付Medicare核准金額的子宮頸塗片採樣和盆骨檢驗費用的百分之二十，但不需先付Medicare Part B減除額。若您屬於某種Medicare健保計劃，請向該健保計劃查詢是否有共付額。

## Prostate Cancer Screening

### Who is covered?

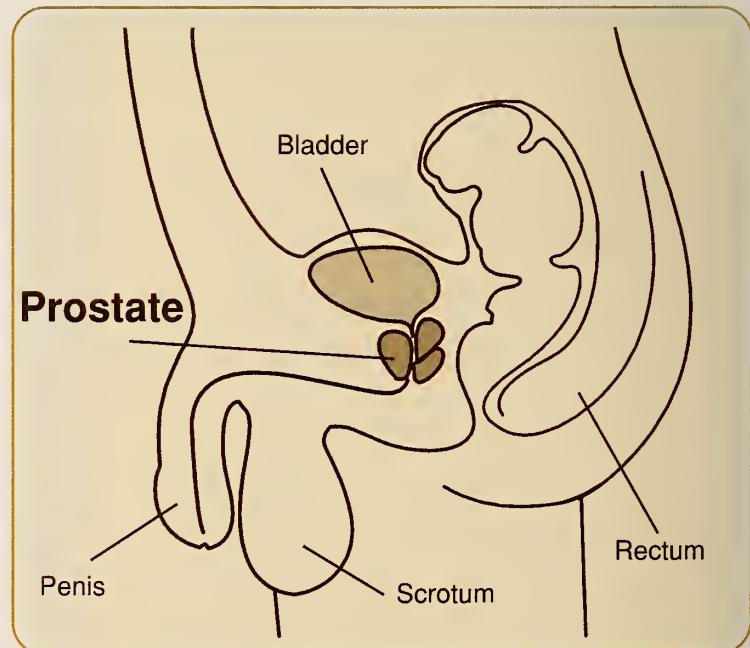
All men with Medicare age 50 and older (coverage begins the day after the 50th birthday).

### What does Medicare cover?

- **Digital Rectal Examination (DRE)** once every 12 months.
- **Prostate Specific Antigen (PSA)** test once every 12 months.

### What do you pay?

You pay 20% of the Medicare-approved amount for the DRE after the yearly Medicare Part B deductible. You do not pay a **coinsurance** or a Part B deductible for the PSA Test.



## Glaucoma Screening

### Who is covered?

All people with Medicare who are at high risk for glaucoma, including people who have a family history of the disease or have diabetes, are covered.

## 攝護腺（前列腺）癌檢查

### 誰可接受承保？

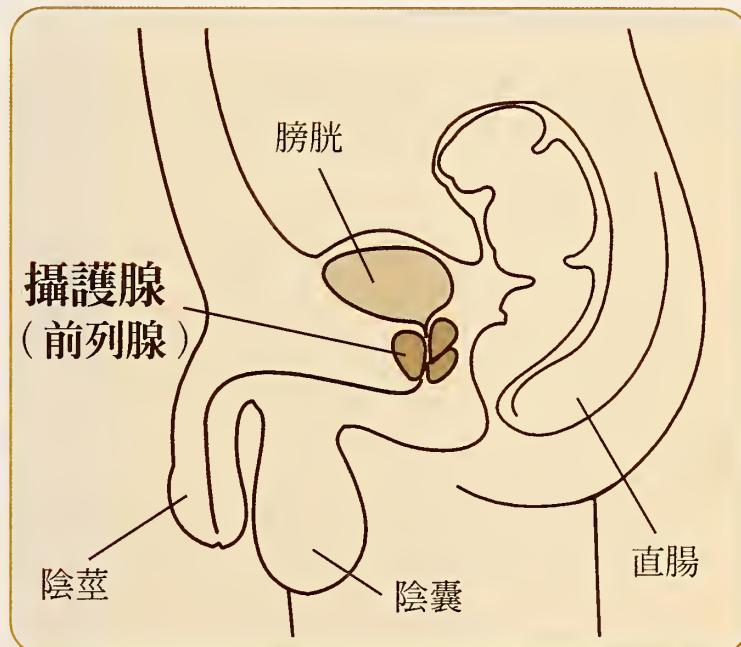
所有年滿五十歲及以上的男性Medicare受益人（五十歲生日以後立即開始）。

### Medicare承保哪些費用？

- 每十二個月支付一次用指直腸檢查（Digital Rectal Examination- DRE，一般又稱用指檢查）。
- 每十二個月支付一次攝護腺特殊抗原檢查（Prostate Specific Antigen- PSA）。

### 您支付哪些費用？

在支付年度Medicare Part B減除額後，您需支付用指直腸檢查的Medicare核准金額（DRE）的百分之二十。攝護腺特殊抗原檢查（PSA），您則無需支付共付保險額或Part B減除額。



## 青光眼檢查

### 誰可接受承保？

所有屬患青光眼的高危險群，包括家族有青光眼病史，糖尿病患者的Medicare受益人可接受承保。

## What does Medicare cover?

Medicare covers one screening every 12 months. The screening must be done by, or under the direct supervision of, an eye doctor (optometrist or ophthalmologist) who is legally allowed to do this service in your state.

## What do you pay?

You pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible.

## Shots (Vaccinations)

### Who is at risk?

Flu and pneumonia infections can be life-threatening for elderly people. All adults 65 and older should get flu and pneumonia shots. Those at medium to high risk for Hepatitis B include individuals with end-stage renal disease or hemophilia.

### Who is covered?

All people with Medicare are covered.

### What does Medicare cover?

- Flu shot once a year in the fall or winter.
- One pneumococcal pneumonia shot may be all you will ever need. Ask your doctor.
- Hepatitis B shot, if you are at medium to high risk for hepatitis.

### What do you pay?

You pay nothing for flu and pneumococcal pneumonia shots if the health care provider accepts **assignment**. For Hepatitis B shots, you pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible. If you are in a Medicare health plan, check with the plan about whether or not there is a copayment.

## Medicare承保哪些費用？

Medicare承保每十二個月一次的檢查費用。檢查必須由在您居住州可合法提供服務的眼科醫師（視學或眼科手術醫師）或在其監督下進行。

## 您支付的費用？

在支付年度Medicare Part B減除額後，您需支付Medicare核准金額的百分之二十。

## 疫苗預防

### 誰屬於危險群者？

老年人罹患流行性感冒或肺炎可能致命，因此年滿六十五歲及以上的老年人應接受流行性感冒和肺炎疫苗預防注射。乙型肝炎的中危險群至高危險群者包括末期腎臟病或血友病患者。

### 誰可接受承保？

所有Medicare受益人可接受承保。

### Medicare承保哪些費用？

- 在每年秋或冬季支付一次預防流行性感冒疫苗注射。
- 您可能一生只需要注射一次肺炎雙球菌疫苗，請向您的醫生諮詢。
- 乙型肝炎疫苗，若您屬於患有乙型肝炎的中危險群至高危險群。

### 您支付哪些費用？

若醫療服務單位接受醫保範圍，您則不需支付流行性感冒和肺炎雙球菌疫苗注射的費用。至於乙型肝炎疫苗則在支付年度Medicare Part B減除額後，您需支付Medicare核准金額的百分之二十。若您屬於某種Medicare健保計劃，請向該健保計劃查詢是否有共付額。

## Bone Mass Measurement Tests

### Who is covered?

Certain people with Medicare who are at risk for losing bone mass are covered.

### What does Medicare cover?

Medicare covers a bone mass measurement test depending on your health status. The test is covered every 24 months, or more often if medically necessary.

### What do you pay?

You pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible. If you are in a Medicare health plan, check with the plan about whether or not there is a copayment.

## Diabetes Services

### Who is covered?

All people with Medicare who have diabetes (insulin users and non-insulin users) are covered.

### What does Medicare cover?

- Diabetes blood sugar testing, glucose monitors, lancets and test strips for insulin users and non-users.
- Diabetes self-management training, if you are at high risk for complications from diabetes and if requested by your doctor.

### What do you pay?

You pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible.

## 骨質密度檢測

### 誰可接受承保？

某些有骨質密度流失危險的Medicare受益人可接受承保。

### Medicare承保哪些費用？

Medicare承保骨質密度檢測的費用將依您的健康情況需要而定。每二十四個月可進行一次檢查，若有醫療上的需要，可多做檢查。

### 您支付哪些費用？

您支付年度Medicare Part B減除額後，您需支付Medicare核准金額的百分之二十。若您屬於某種Medicare健保計劃，請向該健保計劃查詢是否有共付額。

## 糖尿病監測

### 誰可接受承保？

所有患糖尿病的Medicare受益人（使用或不使用胰島素者）可接受承保。

### Medicare承保哪些費用？

- 對使用或不使用胰島素的患糖尿病者，提供糖尿病血糖檢查、血糖檢查器、刺血針和血糖試紙。
- 糖尿病自我管理訓練，若您屬糖尿病併發症的高危險群或經醫生指示。

### 您支付哪些費用？

支付年度Medicare Part B減除額後，您需支付Medicare核准金額的百分之二十。

## What Other Information is Available?

### Available Information in Chinese (Publication Number)

- Pay It Right! Protecting Medicare from Fraud (CMS Pub. No. 10111-C)

Medicare tries to give you information to help you make good health care decisions. Other publications are available on the website. You can order free booklets from Medicare to learn more about the topics that are of interest to you. We are always adding new booklets with detailed information about important subjects. For the most up-to-date versions of booklets, look at [www.medicare.gov](http://www.medicare.gov) on the Web. Select "Publications." You can also call 1-800-MEDICARE (24-hour toll-free service hotline: 1-800-633-4227). TTY users should call 1-877-486-2048.

## 可供索取的資料？

### 中文資料（出版編號）

- 正確付款！ 保護聯邦醫療保險計劃免受騙(CMS出版編號10111-C)

Medicare為您提供資訊，助您作出適當的健保決定。您可在網站上找到其他說明手冊，亦可從 Medicare索取免費手冊以便了解更多對您有興趣的項目。我們會繼續增加新的手冊為您提供詳細的重要資訊。要得到最新版的說明手冊，請上網[www.medicare.gov](http://www.medicare.gov)按"Publications"或致電 1-800-MEDICARE (24小時免費服務專線: 1-800-633-4227)。TTY聽障服務專線用者可致電 1-877-486-2048。

## Definitions of Important Terms

### **Assignment:**

In the Original Medicare Plan, this means a doctor agrees to accept Medicare's fee as full payment. If you are in the Original Medicare Plan, you still pay your share of the cost of the doctor visit. But if your doctor doesn't accept the assignment, then your payment may be higher.

### **Bone Mass Measurement:**

A test to check the density of your bones (bone mass). Your doctor will use this test to check for **osteoporosis** and find out if you are at risk for fractures of your bones.

### **Coinsurance:**

The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service.

### **Deductible (Part B):**

The amount you must pay for health care each calendar year before Medicare begins to pay. This amount can change every year.

### **Digital Rectal Examination (DRE):**

An exam for males to check for prostate cancer. Your doctor will insert a lubricated, gloved finger into your rectum to feel for an enlarged prostate gland.

### 醫保範圍：

在原有的Medicare計劃內，指醫生同意接受Medicare的付費作為全部的醫療付款。若您使用原有的Medicare計劃，您仍須支付求診時個人須承擔的費用。但若您的醫生不接受醫保範圍，您可能要支付更高的付款。

### 骨質密度檢測：

一種用於檢查骨質密度的測驗。您的醫生將會使用這項測驗來檢查您是否有骨質疏鬆及診斷您是否患有骨折的危險。

### 共付保險額：

在您支付Medicare Part A和 / 或 Part B的減除額之後，您必須支付Medicare核准金額的百分比。在原有的Medicare計劃內，共付保險的金額就是某項服務Medicare核准金額的百分比。

### 減除額 (Part B)：

在Medicare開始支付費用之前，您每年必須為醫療保費支付的金額。金額可能每年變更。

### 用指直腸檢查 (DRE)：

一種用於檢查男性攝護腺癌的測驗。您的醫生將會帶上抹有潤滑劑的手套，並用手指伸入直腸內，以感覺是否有攝護腺增大的情況。

### **Human Papilloma Virus (HPV):**

A common sexually transmitted disease. There are more than 100 different types of HPVs. HPVs are a major cause of cervical cancer. Some HPVs may cause genital warts and some can live in your body for a long time and not cause any symptoms at all.

### **Mammogram:**

A special X-ray of the breasts. Medicare covers the cost of a mammogram once every 12 months for women over 40 who are enrolled in Medicare.

### **Osteoporosis:**

A condition that involves a reduction in bone mass, so that the bone becomes fragile and more likely to break.

### **Pap Test (Pap Smear):**

A test to check for cancer of the cervix, the opening to a woman's womb. It is done by removing cells from the cervix. The cells are then prepared so they can be seen under a microscope.

### **Pelvic Exam:**

An exam for females where the doctor uses a lubricated, gloved hand to feel the shape and size of the patient's organs.

### **Prostate Specific Antigen (PSA):**

A protein made by the prostate gland. Sometimes a high PSA level can mean prostate cancer. PSA levels may be high for many reasons. The PSA test is for males only.

### **人類乳頭瘤病毒 (HPV) :**

一種普遍的性傳染病。HPV有超過一百種類型。HPV不僅是導致子宮頸癌的主要原因，有些HPV更可能引起生殖器腫瘤，有些並且會長期生長在體內但不引發任何症狀。

### **乳房X光檢查 :**

一種特殊的乳癌X光檢查。Medicare為年滿四十歲以上的女性受益人支付每十二個月一次的乳癌X光檢查費用。

### **骨質疏鬆症 :**

一種骨質密度減少以致容易發生骨折的情形。

### **子宮頸塗片檢查 :**

用於檢查女性子宮開口處的子宮頸罹患癌症的測驗。測驗是從子宮頸取下細胞，然後置於顯微鏡下觀察。

### **盆骨檢查 :**

一種由醫生用戴著塗有潤滑劑的手套的手，去感覺病人的器官形狀和大小的女性病患測驗。

### **攝護腺（前列腺）特殊抗原 (PSA) :**

一種攝護腺產生的蛋白質，有時高PSA指數是患攝護腺癌的病徵。PSA指數高可能因許多因素引起。PSA測驗限男性適用。



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